May. 13. 2015 4:27PM BLEDSOE ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES No. 0475 P. 10 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 04/23/2015 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION OMB NO. 0938-0391 IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 (X3) DATE SURVEY COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER 8, WING STREET ADDRESS, CITY, STATE, ZIP CODE 04/21/2015 BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY NFPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 SS≃D K 062 6/6/15 Required automatic sprinkler systems are continuously maintained in reliable operating What corrective action will be condition and are inspected and tested accomplished for those residents periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, found to have been affected by the 9.7.5 deficient practice: 1. Hydraulic Name Plate This STANDARD is not met as evidenced by: No individual resident was cited. Based on observations and document review, the facility failed to maintain the sprinkler system. 2. Backflow The findings included: No individual resident was cited 1. Observation of the sprinkler riser room on 4/21/2015 at 9:14 a.m., revealed the the hydraulic How will you identify other residents name plate was missing. National Fire Protection having the potential to be affected by Association (NFPA) 13, 10-5, 1999 Edition. the same deficient practice and what corrective action will be taken. 2. Document review on 4/21/2015 at 9:21 a.m., revealed the backflow has not been annual 1. Hydraulic Name Plate inspected since 1/2007. NFPA 25, 9-6.2.2, 1998 Edition. All residents have the potential to be affected by this practice. These findings were verified by the maintenance director and acknowledge by the administrator 2. Backflow during the exit conference on 4/21/2015. NFPA 101 LIFE SAFETY CODE STANDARD K 074 All residents have the potential to be K 074 SS=F affected by this practice. Draperies, curtains, including cubicle curtains,

and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with

provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Continued

Many Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

## May. 13. 2015 4:28PM BLEDSOE ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARÉ & MEDICAID SERVICES

No. 0475 PRINTED: 04/23/2015 FORM APPROVED OMB NO. 0938-0391

		A MEDICAID SERVICES	<del></del>		O	MB NO.	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
44E232		B. WING			1		
NAME OF	NAME OF PROVIDER OR SUPPLIER		<u></u>	STREET ADDRESS, CITY, STATE, ZIP CO		04/	<u>21/2015                                    </u>
BI EDGO	E COUNTY NURSING	LORE			07 WHEELERTOWN AVENUE		
	E CODINT I NORSING	TOWE			KEVILLE, TN 37367		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	di di	L	PROVIDER'S PLAN OF CORRECTION	.r	·
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	85	(XS) COMPLETION DATE
K 062 \$\$=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5		κ	<b>06</b> 2	What measures will be put into place or what systematic chan you will make to ensure that the deficient practice does not recur: .  1. Hydraulic Name Plate		
į	Based on observat	s not met as evidenced by: ions and document review, maintain the sprinkler system.			Maintenance Director contacted Simplex Grinnill to evaluate sprinkle blue prints and have hydraulic name plate placed in the sprinkler riser root Plate to be installed by June 6, 2015.		
	The findings include	ed:			2. Backflow		
	4/21/2015 at 9:14 a name plate was mi Association (NFPA)	ne sprinkler riser room on i.m., revealed the the hydraulic ssing. National Fire Protection of 13, 10-5, 1999 Edition.			Simplex Grinnill was contacted by o Maintenance Director to check the B Flow at the same time the sprinklers inspected. Maintenance Director wi maintain documentation of the annu-	ack are 1	
	revealed the backfl	v on 4/21/2015 at 9:21 a.m., ow has not been annual 007. NFPA 25, 9-6.2.2, 1998			backflow inspections conducted each year. Completion date will be June 2015.		
K 074 SS≔F	director and acknow during the exit conf	e verified by the maintenance wledge by the administrator erence on 4/21/2015. FETY CODE STANDARD	κι	074			
. 33~[	and other loosely he serving as furnishing care occupancies a provisions of 10.3.1 the Installation of S	including cubicle curtains, anging fabrics and films ags or decorations in health are in accordance with and NFPA 13, Standards for prinkler Systems. Shower ordance with NFPA 701.					
	_	pholstered furniture within			Conti	nued	<del>-&gt;</del>
LABORATOR'	PORECTOR'S OR PROVIDE	PER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

May. 13. 2015 4:28PM BLEDSOE ADMIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 0475 P. 12 PRINTED: 04/23/2015 FORM APPROVED OMB NO. 0938-0391

SIALEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01		(XS) DATE SURVEY COMPLETED		
		44E232	B. WING	·		04/2	1/2015
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE  107 WHEELERTOWN AVENUE  PIKEVILLE, TN 37367				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5		K 062		How the corrective action will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:  1. Hydraulic Nameplate		
	Based on observa the facility failed to	is not met as evidenced by: tions and document review, maintain the sprinkler system.			The Maintenance Director will have sprinkler system inspected and test include the placement of the hydrau name plate to ensure that the Sprink System is continuously maintained	ed to ulic kler	
	4/21/2015 at 9:14: name plate was m Association (NFPA  2. Document revie revealed the back	the sprinkler riser room on a.m., revealed the the hydraulic issing. National Fire Protection (A) 13, 10-5, 1999 Edition.  Now on 4/21/2015 at 9:21 a.m., flow has not been annual 2007. NFPA 25, 9-6.2.2, 1998		!	2. Backflow  The backflow will be checked this month when the sprinklers are inspand will be added as part of the inspection conducted each year by Simplex Grinnill to ensure that the backflow is properly maintained.		
K 074 SS≃F	director and acknowledge during the exit corn NFPA 101 LIFE S.  Draperies, curtain and other loosely serving as furnish care occupancies provisions of 10.3 the Installation of curtains are in acceptance.	ere verified by the maintenance owledge by the administrator of a second	K	074			
	1.	upholstered furniture Within NOER/SUPPLIER REPRESENTATIVES SI	CNATTION		TITLE		(XB) DATE
LABORATO	RY DIRECTOR'S OR PROV	MULINSUPPLIER REPRESENTATIVES SI	GNAIURE		111 F.P.		NO DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## May. 13. 2015 4:29PM BLEDSOE ADMIN DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARÉ & MEDICAID SERVICES

No. 0475 P. 13 PRINTED: 04/23/2015 FORM APPROVED OMB NO. 0938-0391

	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01		(X3) DAT	(X3) DATE SURVEY COMPLETED	
	44E232	B. WING	· · · · · · · · · · · · · · · · · · ·	04	/21/2015	
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP COI 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367	DE TOP	12112015	
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG		HOULD BE	COMPLETION DATE	
K 074 Continued From page 1 health care occupancies m specified when tested in ac methods cited in 10.3.2 (2) NFPA 13  Newly introduced mattress specified when tested in ac method cited in 10.3.2 (3)  This STANDARD is not m Based on observation and was determined the facility flame spread documentation shears.  The finding included:  Observation and documentation at 9:41 a.m., revealed wind the window with no tag to 1 spread. In addition no documentation window shears have been retardant material in the for 117, 115, and 109.  This finding was verified by director and acknowledged nursing during the exit con	es meet the criteria coordance with the coordance with the coordance with the 10.3.4. 19.7.5.3  et as evidenced by: if document review, it failed to provide the on for hanging window the conformation that the treated with a flame umentation that the treated with a flame allowing rooms: 116, by the maintenance of by the director of	KO		lents by the  ted.  residents fected by and what en. al to be  ic changes t the ecur: moved and laterial that letion date  ill be icient what will be  aintain so window at with to include	6/6/15	